

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO**  
**ALICE O. McCOLLUM, JUDGE**

**ADOPTION OF** \_\_\_\_\_  
 (Name after adoption)

**CASE NO.** \_\_\_\_\_

**PETITIONER'S ACCOUNT**  
**(R.C. 3107.10)**

**PRELIMINARY ESTIMATE ACCOUNTING**  
 (To be filed not later than date petition filed)

**FINAL ACCOUNTING**  
 (To be filed not later than 10 days  
 prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the agency or attorney made and have agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
	<b>TOTAL</b>		

**CASE NO.** \_\_\_\_\_

[Reverse of Form 18.9]

**CERTIFICATION OF PETITIONER'S ACCOUNT**

The undersigned certifies this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that this accounting is true and accurate.

\_\_\_\_\_  
Attorney or Agency

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner

**ORDER APPROVING PETITIONER'S ACCOUNT**

The Petitioner's Account filed in accordance with R.C. 3107.10 is hereby approved.

\_\_\_\_\_  
Alice O. McCollum, Probate Judge